

301 Centennial Mall South, 1st Floor PO Box 94963 Lincoln, NE 68509-4963 402-471-9015

REAL PROPERTY APPRAISER INFORMATION CHANGE FORM

Date:									
Credential #:									
Change Type Please select the all change types that you are requesting:									
INFORMATION: □ LEG	GAL NAME: 🗆 BU	SINESS NAME: BUSI	NESS ADDRESS:	RESIDENTIAL AD	DDRESS:				
	UNTY PHONE I	NUMBER: 🗆 E-MAIL AI	DDRESS: OTHE	R:					
Fully complete this .	section. This re	quest will be consid omitted	=	any of the follo	wing information is				
	Cu	rrent Appraise (As it appea		tion					
Name:	Last	First		Middle					
Residential Address:									
	Box or Street Nur	nber	City						
State	Zip Code + 4	E-Mail Address		Area Code Tel	ephone Number				
Business Name:									
Business Address:									
	Box or Street Nur	nber		City					
State Zip Cod	e + 4	E-Mail Address	Area Code	Telephone Number	Fax Number				

Changes to Appraiser Information

Full Name:Last		AC UI
Please note that if you are requesting	First ng a name change, original or certified co nust be attached to this form to validate th	Middle pies of a marriage certificate, e change.
Business Name:		
Business Address:	Box or Street Number	
City	State	Zip Code + 4
Residential Address:		
City	Box or Street Number State	Zip Code + 4
	Simo	Esp essee : 1
County Name:		
E-Mail Address:		
<u> </u>		
Phone Number:		
Other:		

I certify that the statements made in this Appraiser Information change form and all attachments are true and correct to the best of my knowledge and belief and that I have not suppressed any information that might have a bearing on this document's processing.

		S	GN HERE						_
				(Signatu	re of Appli	icant)			
STA	ГЕ ОГ	 							
COU	NTY OF)	88.						
The	foregoing		acknowledged					day	of
		 	(Name of Applica						



Mail completed change form and attachments to: **Nebraska Real Property Appraiser Board**

P.O. Box 94963

Lincoln, NE 68509-4963

Fax: 402-471-9017

Email: jayme.kienholz-howsden@nebraska.gov

Effective 5/15/2014